

	<p align="center"> <i>The Commonwealth of Massachusetts</i> Department of Public Safety Architectural Access Board One Ashburton Place, Room 1310 Boston Massachusetts 02108-1618 Phone: 617-727-0660 Fax: 617-727-0665 www.mass.gov/dps </p>	<p>Docket Number _____</p> <p>_____ (Office Use Only)</p>
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SIDEWALK COMPLAINT FORM
Section 22, 521 CMR

PLEASE BE ADVISED THAT THIS FORM IS A MATTER OF PUBLIC RECORD AND WILL BE DISCLOSED UPON REQUEST.

1. List the name of the street/intersection believed to be in violation of the Rules and Regulations. Please give EXACT street locations. (Use separate forms for each street/intersection)

Address: _____

City/Town: _____

2. In order for the Board to take action on the complaint, the following work must have been completed or in the process of being performed. Please check where appropriate:

_____ Sidewalks are currently under construction, repair, or reconstruction.

_____ Sidewalks have been repaired, reconstructed, or constructed on:

_____ between June 10, 1975 - August 31, 1996.

_____ Approximate date: _____

_____ after September 1, 1996.

3. Please check the following items that you believe are in violation, and identify the location of the violation by the closest street address or telephone pole number:

_____ Width of walkway(s) is less than 48 inches, excluding curb stones. (Section 22.2)

_____ Unobstructed path of travel is less than 36 inches clear, excluding curbstones. (Section 22.2)

_____ Walkway has a slope greater than 1:20 (5%). (Section 22.3)

_____ Cross slope of walkway exceeds 1:50 (2%). (Section 22.3.1)

_____ Walkway has changes in level greater than ¼ inch. (Section 22.4)

_____ Sidewalk has pooling of water, accumulation of ice, or flow of water across the walkway. (Section 22.6)

_____ Grating located in the walkway surface has spaces greater than ½ inch wide in the direction of the flow of travel. (Section 22.7)

_____ Walkway crosses or joins a street, public way, driveway, or parking lot and does not blend to a common level with a slope no greater than 1:20 (5%) or a curb cut is not provided. (Section 22.8.1)

_____ Other (please specify): _____

4. What was the most recent date you observed the violation? _____

5. Name and address of person/organization filing this complaint (if organization is filing, please provide the Board with the name of a contact person)

(required): _____

E-mail: _____

Telephone: _____

6. Individual Signature **(required)**: _____

Date: _____